



Working Together to Serve

Medi-Cal Outreach Referral Form

(use only when client/parent/guardian is requesting assistance with health insurance)

City of Long Beach - Department of Health and Human Services

Miller Family Health Education Center

Medi-Cal Outreach Program

3820 Cherry Avenue

Long Beach, CA 90807

(562) 570-7979 FAX: (562) 570-8122

Fax date:

From LBUSD School Office or Agency:

Parent Information (parent/guardian)

Spoken Language:

☐

English

☐

Spanish

☐

Khmer

☐

Other: _____

Applicant Name: (First/MI/Last)

Date of Birth: (mm/dd/yyyy)

/

/

Daytime phone:

Alternate phone:

LBDHHS office use only

(1st) Contact Attempt:

(2nd) Contact Attempt:

(3rd) Contact Attempt:

☐

Appointment set

Date

Time

☐

Application submitted

☐

Already has health coverage

☐

Requires troubleshooting

☐

Educated on CHDP Gateway

☐

Joint application not received

☐

Not interested, declined assistance

☐

Referral to EW for assistance

☐

Concerned w/negative stigma

☐

Concerned about public charge

☐

Disconnected or wrong phone#

☐

3 call attempts made

☐

Language barrier

☐

Other, please indicate below
